



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: INTEGRA SPECIALTY GROUP, PA 517 N. CARRIER PARKWAY, SUITE G GRAND PRAIRIE, TX 75050	MFDR Tracking #: M4-10-3430-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #: ACE AMERICAN INSURANCE CO Box #: 15	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position statement in accordance with rule §133.307. The following is taken from the DWC-60 table of disputed services: "No EOB Received/Referred by Dr. Downey"

Amount in Dispute: \$866.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The DWC-60 from the Requestor lists the dispute as a fee dispute and involves FCE's and a psych evaluation. It should be noted that the Carrier has agreed to send the medical bill for the psych evaluation for the date of service 4/24/09 back to audit for payment. **

Requestor has requested reimbursement for functional capacity evaluation (FCEs) performed on 3/27/09 and 4/22/09. Both of these were denied as reimbursement is not owed pursuant the fee guidelines specified in DWC Rule 134.202(e)(4) and 134.204(g). This rule allows only three FCEs to be performed and reimbursed for a worker's compensation claim. This claimant previously had three FCEs on the following dates: 5/9/08, 6/16/08, and 8/19/08. The reports for each of these are attached. Therefore, no reimbursement should be allowed for additional FCEs after the DWC allotted three."

Response Submitted by: Downs-Stanford P.C., 2001 Bryan Street, Ste 4000, Dallas, TX 75201

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
3/27/09	97750-FC	N/A	\$346.40	\$0.00
4/22/09	97750-FC	N/A	\$519.60	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

** Please note the respondent paid for date of service 4/24/2009 and the requestor submitted the above updated table supporting date of service 4/24/2009 is no longer in dispute.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.204 sets out the medical fee guidelines for workers' compensation specific services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits (submitted by the carrier) dated 5/1/2009 for date of service 3/27/2009

- 112-003 – The primary provider is a non-contracted provider.
- 147 – Provider contracted/negotiated rate expired or not on file.
- 896 – Reimbursement not recommended in accordance with the official fee schedule guidelines. \$0.00
- W1 – Workers' compensation state fee schedule adjustment. \$0.00.

Explanation of benefits (submitted by the carrier) dated 6/16/2009 for date of service 4/22/2009

- 112-003 – The primary provider is a non-contracted provider.
- 147 – Provider contracted/negotiated rate expired or not on file.
- 896 – Reimbursement not recommended in accordance with the official fee schedule guidelines. \$0.00
- W1 – Workers' compensation state fee schedule adjustment. \$0.00.

Issues

1. Did the requestor follow the guidelines in accordance with 28 Tex. Admin. Code §134.204 for performing Functional Capacity Evaluations?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed for Functional Capacity Evaluations (FCEs) to the injured worker's neck and right shoulder on 3/27/09 and 4/22/09. The requestor did not submit copies of any EOB's to support a denial reason. The respondent submitted copies of EOB's for these dates of service with the above denial reasons including denial reason "896 – Reimbursement not recommended in accordance with the official fee schedule guideline". Pursuant to rule §134.204(g), the following applies to Functional Capacity Evaluations (FCEs). A maximum of three FCEs for each compensable injury shall be billed and reimbursed. The respondent included in their response medical records supporting that three previous FCEs were previously performed to the injured worker's neck and right shoulder on 5/9/08, 6/16/08 and 8/19/08. Therefore, the requestor did not follow the guidelines under rule §134.204 for performing FCEs and reimbursement to the requestor for dates of service 3/27/09 and 4/22/09 is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

6/16/11

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.